## PATENT APPLICATION. \_E DETERMINATION RECORD Effective October 1, 2000

plication or Docket Number.

09/719998

-						<u> </u>						
CLAIMS AS FILED - PART I								L E	NTITY			R THAN
Γ	TOTAL CLAIM	AS:	(Column 1) (Column 2)			TYPE			OF	SMAL		
					800	14.07	RA	TE	FEE	7	RATE	FEE
-	OR			NUMBER FILED		NUMBER EXTRA		FEE		OB	BASIC FE	
T —	OTAL CHARG	EABLE CLAIMS	15 п	ninus 20=	•		X\$	9=				1000
IV	DEPENDENT	CLAIMS	7 '	ninus 3 =	•		X4			OR	-	
M	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT			X41	)= 	-	OR	X80=	
If the difference in column 1 is less than zero, enter "0" in column 2								5=		OR	+270=	
								AL		OR	TOTAL	860
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (C							* 			_	OTHER	THAN
_		CLAIMS	148/149-24	(Colum		(Column 3)	SMA	LL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER	2 5	NUMB	BÉR	PRESENT			ADDI-	]		ADDI-
		AMENDMENT		PREVIO PAID F		EXTRA	RAT	<b>-</b>	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	••		=	X\$ 9	_	<u> </u>	OR	X\$18=	FEE
	Independent		Minus	***		=	X40		<del></del>	Un		
	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT (	CLAIM		A40		1. 1. 1	OR	X80=	
,		• • •					+135	<u>.</u>	•	OR	+270=	
							TOT ADDIT, F			OR ,	TOTAL	
		(Column 1)		(Columi	n 2)	(Column 3)		7			NDDIT. FEE	•
۵		CLAIMS REMAINING		HIGHE: NUMBE		PRESENT		$\top$	ADDI-	Г	<del></del>	ADDI-
AMENOMEN		AFTER AMENDMENT	1620	PREVIOL	JSLY	EXTRA	RATE		IONAL		RATE	TIONAL
	Total	·	Minus	PAID FO	JR .		1	4	FEE		, _	FEE
	Independent		Minus	••		=	X\$ 9=			OR	X\$18=	
		NTATION OF THE	Minus	***		=	X40=				V90	
	PIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT C	LAIM			-		OR	X80=	
							+135=			OR	+270=	
					•		TOTA ADDIT, FE			OR .	TOTAL	
		(Column 1)		(Column	12).	(Column 3)	Sport, re	-		Α	DDIT. FEE	
	Mass of the state of	CLAIMS REMAINING	100	HIGHES	ST T	·		<del>.</del>		_		
		AFTER	College State	NUMBE PREVIOU		PRESENT EXTRA	RATE		DDI- ONAL	l	RATE	ADDI-
	Total	AMENDMENT	74.75:17 (34.54.94)	PAID FC	)R				FEE	L	DATE	TIONAL FEE
	Independent		Minus Minus	** .		=	X\$ 9=			OR .	X\$18=	
		NTATION OF MI	1 1	PENDENT	1 0/14	=	X40=	1		ا ۵	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR I	+270=	
										OR A	TOTAL DDIT: FEE	
T	he "Highest Num	ber Previously Paid	d For (Total or	Independent	) is the	i 3, enter "3." highest number i	ound in the a	pprod	oriate box	in colu	mn 1	
	270 976			<u> </u>							, ,,	